



SNF Patch/NBU Referral Determination

Please fax form to Optum Long Term Care at (888) 687-2515 and to the hospital after a client has been accepted or declined. Thank you.

Client Name	
Date of Birth	
Name of Facility Reviewing Request	
Level of Care Requested	<input type="checkbox"/> SNF Patch <input type="checkbox"/> NBU Patch
Date Client Accepted	
Comments	
Date Client Declined	
Reason Declined	
Willing to Reconsider	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, note changes needed	

Fax determination sent to hospital. Check to confirm.